

**MENTAL HEALTH DIVISION (MHD)****PASRR EVALUATOR
BACKGROUND AUTHORIZATION**

Instructions for completing this form on reverse side.
Please print clearly and use BLACK INK.

DSHS Background Check
Central Unit
PO Box 45025
Olympia, WA 98504-5025
(360) 902-0299
FAX (360) 902-0292

SECTION 1. AGENCY INFORMATION (COMPLETED BY CONTRACTOR)

1. NAME AND ADDRESS TO WHICH THIS FORM MUST BE RETURNED MHD PASRR ADMINISTRATOR PO BOX 45320 OLYMPIA WA 98504-5320	2A. NAME OF PASRR EVALUATOR AUTHORIZING THIS BACKGROUND CHECK
	2B. NAME AND MAILING ADDRESS OF PASRR CONTRACTOR
3. TELEPHONE NUMBER (INCLUDE AREA CODE) OF CONTRACTOR ()	4. FAX NUMBER (INCLUDE AREA CODE) OF CONTRACTOR ()

SECTION 2. ALL QUESTIONS IN THIS SECTION MUST BE COMPLETED BY THE APPLICANT (PERSON TO BE CHECKED)

5. SOCIAL SECURITY NUMBER (OPTIONAL)	6. DATE OF BIRTH (MM/DD/YYYY)	7. GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	8. RACE/ETHNICITY (OPTIONAL)
CURRENT NAME		OTHER NAMES YOU HAVE BEEN KNOWN BY	
9. LAST NAME	12. BIRTH NAME LAST FIRST MIDDLE		
10. FIRST NAME	13. OTHER MARRIED NAME(S) (WRITE NONE IF NONE)		
11. MIDDLE NAME (WRITE NONE IF NONE)	14. NICKNAME(S)/OTHER NAME(S) (WRITE NONE IF NONE)		

15. Have you been convicted of, or do you have charges pending for any crime?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, give the crime, the conviction date or charge status and the state where it occurred.		
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16. Have you ever been found to have sexually abused, physically abused, neglected, abandoned or exploited a child or adult?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, give name of court, state licensing board, disciplinary board, or dependency action, details of the finding, and the state where it occurred.		
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17. Have you ever had a contract and/or license to care for children or adults denied, terminated, revoked, or suspended?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, give date, contract and/or license type, name of contracting and/or licensing agency, and the state where it occurred.		
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18. Has a court ever issued an order of protection against you for abuse, neglect, financial exploitation, or abandonment? If yes, give date, court, and the state where it occurred.	<input type="checkbox"/>	<input type="checkbox"/>
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19. DRIVER'S LICENSE OR STATE IDENTIFICATION NUMBER	20. PRESENT NUMBER OF CONSECUTIVE YEARS LIVED IN WASHINGTON STATE YEARS: MONTHS:
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21. I understand that I am signing this statement under penalty of perjury. The above statements are true and complete to the best of my knowledge. I understand that any untruthful or purposefully misleading answer or any deliberate omission may result in my immediate disqualification as a provider, caretaker, licensee, contractor, and/or as an individual authorized to evaluate or care for vulnerable adults or children. I hereby authorize DSHS to obtain background information including but not limited to, convictions, licensing, child and adult protective services, and professional licensing records, from any law enforcement, any state and federal agency including other states and the FBI. DSHS is hereby authorized to release the result of this and any DSHS prior background check information to the agency, facility, entity, or individual named above.

22. SIGNATURE OF PERSON TO HAVE BACKGROUND CHECK OR PARENT/GUARDIAN	23. DATE (DATE SIGNED MUST NOT BE OLDER THAN THREE MONTHS)
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INSTRUCTIONS FOR COMPLETING THE AUTHORIZATION FORM

This form will be returned if any portion of the required information necessary to conduct a background check is not entered or is not legible.

SECTION 1: To be completed by the contractor and by all PASRR evaluators.

1. Required.
- 2A. Required.
- 2B. Required. Must include city, state, and zip code.
3. Required.
4. Required.

SECTION 2: To be completed by the applicant (person to be checked).

5. Optional.
6. Required.
7. Required.
8. Optional.
9. Required.
10. Required.
11. Required. Must write NONE if none.
12. Required. Must include complete name at birth. If same as #9 through #11, must write SAME.
13. Required. Must list all married names used (male or female); must write NONE if none.
14. Required. Must list all nicknames used (male or female); must write NONE if none.
15. Required.
16. Required.
17. Required.
18. Required.
19. Required. Must list drivers license number or state identification number; must write NONE if none.
20. Required. Indicate number of consecutive years and/or months lived in Washington State.
21. Read prior to moving to block 22.
22. Required signature of applicant or parent/guardian if the applicant is under 18.
23. Required. The Background Check Central Unit must receive the background authorization form within three (3) months from the date of the signature.

For complete information on DSHS Background Check Policy, please see Title 388 at:

<http://slc.leg.wa.gov/wacbytitle.htm>

Upon completion, please submit form via mail or fax as soon as possible to:

DSHS Background Check Central Unit
PO Box 45025
Olympia, WA 98504-5025
Phone 360-902-0299
Fax 360-902-0292